

IN THE SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.: _____
_____)
_____) DECLARATION OF PROPOSED
_____) GUARDIAN (Non-Certified)
_____)
_____) (DCLR)

1. Personal Information.

Name of Proposed Guardian: _____

Mailing Address of Proposed Guardian: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

If proposed Guardian does not reside in Washington, provide name, address, phone and email for resident agent: _____.

2. Non-Professional Status. I am not serving as a Guardian for three or more persons. I acknowledge that before I may serve as a Guardian for three or more persons, I am required to be certified in the State of Washington.

3. Business Form. If appointed, I will serve as a Guardian as an individual person and not serving as an entity or representative of a business entity, such as a trust company or non-profit corporation.

4. Background and Experience Helpful to Service as Guardian. I have the following background, education and experience, which may be helpful in my service as Guardian:

Education, training and experience: _____

Licenses held: _____

5. Relationship to Allegedly Incapacitated Person. I have the following relationship to the Incapacitated Person (*such as family member, friend, etc.*): _____.

6. Prior History as Fiduciary or Guardian.

(a) I have served in a fiduciary capacity (*such as an attorney-in-fact pursuant to power of attorney, a trustee, an executor, an administrator, or a Guardian*).

[] Yes [] No

(b) I have been removed as a fiduciary.

[] Yes [] No

If the answer to 6(b) is “Yes,” describe the circumstances leading to your removal as a Guardian or as a fiduciary, whether for breach of fiduciary duty or for any other reason:

7. Criminal History. RCW 11.88.020(3) expressly provides that no person is qualified to serve as a Guardian if he or she has been “convicted of a felony or of a misdemeanor involving moral turpitude,” (*a crime involving dishonesty, misappropriation of funds, breach of fiduciary duty, or mistreatment of any person*).

I have been convicted of such a crime [] Yes [] No

If the answer to the question is “Yes,” identify all such convictions and dates:

8. Civil Proceedings. Describe any civil proceedings in which there was a finding that you had engaged in dishonesty, misappropriation of funds, breach of fiduciary duty, or mistreatment of any person. Also identify any civil proceeding where there was a settlement, even if such settlement was without specific findings by the Court.

9. Disciplinary Proceedings. Describe any recorded disciplinary proceedings against you by any applicable disciplinary body or licensing agency that resulted in a finding of misconduct.

This would include any proceedings by a professional organization such as a state bar association, a medical disciplinary review board and the like:

10. Ability to Secure Bond. In some cases, it is necessary for the Guardian to secure a bond, which is insurance coverage providing protection to the Incapacitated Person in the event of financial loss or personal harm caused by the negligent or intentional conduct of the proposed Guardian. Is there any reason (*such as bankruptcy or poor credit record*) why you would have difficulty obtaining a Guardian's bond. If yes, please explain:

11. Compensation and Reimbursement. State whether you intend to request hourly compensation for your services and describe expenses for which you expect to be reimbursed.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

Signature of Proposed Guardian

Printed Name of Proposed Guardian, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address